

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHS\$.Breath Alcohol Program
By Carol Day at 12:03 pm, Sep 08, 2009

Complete this report in duplicate at the time of the regular r is repaired. Send copy to Department of Health; retain original i	monthly preventive maintenance check, and whenever instrument n department file.				
DATAMASJER SN	DATE OF INSPECTION				
TROOP B ZONE 6, ZOHO78 LOCATION OF INSTRUMENT (STREET AND CITY)	08/27/09 TIME OF INSPECTION				
518 N. LINCOLN ST, KAHOKA	1449				
CHECKLIST: Place a check (<) to the left of each item if foun in observed values where determined.) Unchecked items must be	d to be satisfactory or if operating within established limits. (Write				
☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	o corrected borote doing menament.				
☑ COMPUTER	☑ DETECTOR				
✓ PROGRAM	FILTERS				
HEATERS SAMPLE CHAMBER 50 °C	☑ QUARTZ STANDARD				
☐ FLOW DETECTOR	☑ CALIBRATION				
☑ PUMP HIGH SPEED	☑ PRINTER				
☑ INDICATOR LIGHTS					
☐ TIME AND DATE					
✓ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34,1°	C				
☐ CALIBRATION CHECK - WITHIN SPECIFICAT	20.45				
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE					
RECIRCULATION PUMP)					
0.100% STANDARD - MUST READ BETWEEN 0.095% ar					
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% ar (ONLY ONE STANDARD IS TO BE USED PER MAINTENA					
TEST 1 . 097 TEST 2	098 TEST 3 = 098				
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
✓ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REF FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)	PORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS				
)	(.1014) (.1519) (Over .19) O				
List any new parts and describe any alteration or modification and within established limits (use other side if necessary)	that was made to restore the instrument to operate satisfactorily				
GUTH LABORATORTES TNC LOT	4 Agn.,				
EXP: 10/15/09 VAPOR CONCE	NTRATZON 10				
INSPECTING OFFICER SIGNATURE					
FPK JD Davich	PRINT NAME JOSEPH D. DAVEDSON				
TYPE II PERMIT NUMBER/EXPIRATION DATE 820324 / 12-10-10	TELEPHONE NUMBER				
820329 / 12-10-10	640-385-2132				

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1211 percent (w/vol) ethyl alcohol. The expiration date for this lot number is October 15, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcoho and wat used in this solution were free of test interfering substances.

l'ed L. Pauley, President GUTH LABORATORIES, INC. Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204078 68/27/09

TESTING OFFICER:

DAVIDSON/JOSEPH/D

OFFICER I.D.: 19!
PERMIT NUMBER: GEORGE
EXPIRATION DATE: 12/18/10
MISCELLIMEOUS DATA:
.10 MAINT.

--- SUPERVISUR MODE ---

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]h = 0 |SIML = 11 |BVC. = 18976 Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE ALGAWAY PATROL : 1 IAC DATAMASTER SERIAL HUMBER 204678 14:785 - 08/27/09 14:49

--- BIAGNOSTIC CHECK ----

COMPUTER:		1 1 2 2 2 2
	14一段2一次的89900	OKAY
S HERTERS SUPPLE LAS	种的研究	58c
		OKAY
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FILTERST		OKAN'
NOHRIZ STA	Hirkir	OKAY
oj - Callerrai io	Service III	0887

PRINTER TEST

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HTUKLPPOPORSTUVWXYZEN)?_!abodefohi.fk)eno
porstuvwcgz(13-77

Operator Signature

TRE JDDavid

2208-02

dayan karaya karaya karan ay karan ay karan karan karan da karan karan karan karan karan karan karan karan kar Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSCURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204078

ARREST TIME: 14:40 SUBJECT HAME: TESTARFI NOR: 01/01/90 SEX: F STATE/D.L.: NA/NA HERESTING OFFICER: DAYIDSON/JOSEPH/D OFFICER L.B.: 191 TESTING OFFICER: DEVISONALIOSEPHAD OFFICER 1.0,: 191 PERMIT MUMBER: 828324 EXPIRATION DATE: 12/10/10 MISCELLAHEOUS DATA: REI LEST

--- BREATH AMALYSIS ---

BLANK TEST INTERHAL STANDARD

, eag 15:63 VERIFIED. 15:80

KROJO INTERFERENCE

Operator Signature_

TPR JD Daves

2208-02

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE !!



JOSEPH D DAVIDSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for	the det	erminatio	on of the	alcoholi	ic content	of blo	od from	a sample	of expli	red (a	lveolar)
					ections 5						

12/10/08	John of Mathewson				
820324 12/10/2010	Pirantor of State Public Health Laboratory				
Expires	. Director, Department of Health				
MO 580-0771 (7-88)	Lab. 4 (R7-88				